



CITY OF FALLS CHURCH

HARRY E. WELLS BUILDING
300 Park Avenue – Falls Church, VA 22046-3332

Department of Development Services

Urban Forestry Division

Phone: 703.248.5040

Fax: 703.248.5225

CITY OF FALLS CHURCH TREE CONTRACTOR LICENSE APPLICATION

BUSINESS INFORMATION

APPLICATION DATE:	
APPLICANT'S FULL NAME:	
TITLE:	
NAME OF BUSINESS:	
TYPE OF BUSINESS:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION

OFFICERS / PARTNERS

(Name)	(Title)		
(Home Address)	(Business Address)		
(Name)	(Title)		
(Home Address)	(Business Address)		
(Name)	(Title)		
(Home Address)	(Business Address)		
WORK PHONE NUMBER:	()		
FAX NUMBER:	()	E-MAIL ADDRESS:	
WEB PAGE:	WWW.		

TYPES OF TREE WORK YOUR COMPANY PERFORMS (CHECK ALL THAT APPLY):

- | | | |
|---|--|--|
| <input type="checkbox"/> Pruning | <input type="checkbox"/> Consulting | <input type="checkbox"/> Planting |
| <input type="checkbox"/> Removal | <input type="checkbox"/> Fertilization | <input type="checkbox"/> Support Systems |
| <input type="checkbox"/> Stump Grinding | <input type="checkbox"/> PHC | <input type="checkbox"/> Tree Preservation |

WHAT SERVICE AREA DOES YOUR BUSINESS COVER?

NUMBER OF YEARS IN BUSINESS:

ESTIMATED GROSS ANNUAL RECEIPTS:

\$

ISA CERTIFIED ARBORISTS ON STAFF

(Name) _____ (Certification Number) _____

(Name) _____ (Certification Number) _____

(Name) _____ (Certification Number) _____

LIST OTHER SPECIAL QUALIFICATIONS, MEMBERSHIPS OR ASSOCIATIONS YOU MAY HAVE:

VIRGINIA CLASS A LICENSE NUMBER (IF APPLICABLE): _____

NUMBER OF CARDS REQUESTED: _____

REFERENCES: (LIST AT LEAST TWO FOR EACH ITEM BELOW)**PROFESSIONAL EXPERIENCE**

NAME:	ADDRESS:	PHONE:
_____	_____	()
_____	_____	()
_____	_____	()
_____	_____	()
_____	_____	()

CREDIT / FINANCIAL

NAME:	ADDRESS:	PHONE:
_____	_____	()
_____	_____	()
_____	_____	()
_____	_____	()

INSURANCE INFORMATION

COMPANY:	TYPE OF COVERAGE:	AMOUNT:
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

OTHER

Has the applicant as an individual, or if a partnership have any partners, or if a corporation have any officers ever been adjudged bankrupt?

☐ Yes

☐ No

Has the applicant as an individual, or if a partnership have any partners, or if a corporation have any officers been arrested or formally charged with any offense other than a traffic violation?

If yes, explain:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant: _____

Trade Name of Business: _____

Sworn and subscribed to me this _____ Day of _____, 200 ____

(Notary Public)

(My Commission Expires)